

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. *10-597,403* FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		1			
4	2		1			
5	①		1			
6	①		1			
7	②		1			
8	①		1			
9	①		1			
10	①		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	3		1			
16	3		1			
17	①		1			
18	1		1			
19	1		1			
20	1		1			
21	2		1			
22	①		1			
23	⑤		1			
24	①		1			
25	①		1			
26	②		1			
27	①		1			
28	①		1			
29	①		1			
30	①		1			
31	①		1			
32	①		1			
33	①		1			
34	1		1			
35	①		1			
36	①		1			
37	①		1			
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48						
49						
50						
TOTAL IND.	7	↓	7	↓		↓
TOTAL DEP.	37	←	30	←		←
TOTAL CLAIMS	44		37			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.					↓	↓
TOTAL DEP.					←	←
TOTAL CLAIMS						